JUNE 1995

STATE PLAN UNDER TITLE	XIX OF THE SOCIAL SECURITY ACT
State/Territory: NEW ME	XICO
ELIGIBILITY COND	ITIONS AND REQUIREMENTS
Enforcement of Compli	ance for Nursing Facilities
Civil Money Penalty: Describe the cr applying the remedy.	iteria (as required at \$1919(h)(2)(A)) for
X Specified Remedy	Alternative Remedy
(Will use the criteria and notice requirements specified in the regulation.)	(Describe the criteria and demonstrate that the alternative remedy is as effective in deterring non-compliance. Notice requirements are as specified in the regulations.)
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	STATE - SEP 2 6 1996 DATE POOL OCT 2 7 1995 A DATE - JUL 9 1 1995 A HOFA 177
	HOME

JUNE 1995

(HSQB)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY A

State/Territory: _	NEW MEXICO
ELIGIBI	LITY CONDITIONS AND REQUIREMENTS
Enforcement of Compliance for Nursing Facilities	
State Monitoring: Describe applying the remedy.	the criteria (as required at \$1919(h)(2)(A)) for
\underline{X} Specified Remedy	Alternative Remedy
(Will use the criteria and notice requirements specific in the regulation.)	(Describe the criteria and demonstrate that the alternative remedy is as effective in deterring non-compliance. Notice requirements are as specified in the regulations.)

TN No. Supersedes
TN No.

Approval Date OCT 2 7 1995

Effective Date: JUL 0 1 1995